U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS

DETAINEES WITH SUBSTANCE DEPENDENCE OR ABUSE (INCLUDES INTOXICATION AND WITHDRAWAL)

IHSC Directive: 03-13
ERO Directive Number: 11747.2
Federal Enterprise Architecture Number: 306-112-002b
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By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

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1. PURPOSE: The purpose of this directive is to set forth guidance for actions to be taken by health care providers to provide appropriate monitoring and treatment when detainees are suspected of, or diagnosed with, substance dependence or substance abuse who are in U. S. Immigration and Customs Enforcement (ICE) custody at IHSC-staffed facilities.

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2. APPLICABILITY: This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff employees who encounter detainees diagnosed with, or suspected of having, a substance dependency or substance abuse. This directive applies to contract personnel when supporting IHSC in detention facilities. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.

3. AUTHORITIES AND REFERENCES:

3-1. 42 U. S. C. § 201 et seq. The Public Health Service Act.

3-2. 42 U. S. C. § 4541 et seq. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Program of 1970.

3-3. Section 8 CFR § 232, Detention of Aliens for Physical and Mental Examination.

3-4. 42 USC § 249(a). Medical Care and Treatment of Quarantined and Detained Persons.

3-5. 42 USC § 252. Medical Examination of Aliens.

3-6 Detoxification of Chemically Dependent Inmates; Federal Bureau of Prisons. Clinical Practice Guidelines. February 2014.

4. POLICY: Health care providers screen, evaluate and make appropriate treatment plans for those detainees (self-identified or staff-identified) who are dependent upon or abuse mood and mind-altering substances to include alcohol, opiates, hypnotics, sedatives, other depressants, stimulants, and other non-prescribed, mind-altering drugs.

4-1. Identification. Health staff identifies detainees with potential alcohol and/or drug problems during intake, during a review of records, or at any time the detainee is at the facility. Detainees may also self-identify at any time.

Intake Screening.

a. If the intake screener determines that the detainee may have a potentially life-threatening withdrawal from alcohol or other substances, the screener immediately refers the detainee to a medical provider to evaluate the degree of dependence and the withdrawal level from the substance. An appropriate plan of care is then documented to include necessary referrals, i.e. emergency services, admission to medical housing for monitoring, etc.

b. If the intake screener determines that any detainee may be suffering from withdrawal, the screener refers to a Behavioral Health Provider (BHP) for a behavioral health (BH) evaluation within 72 hours of intake.

4-2. Medical Evaluation. An initial physical evaluation is conducted as soon as a medical provider is available.

4-3. Behavioral Health Evaluation. A BH provider conducts a behavioral health evaluation within 72 hours of referral from the medical provider.

4-4. Treatment. See Medical Clinical Guidelines.

4-5. Informed Consent for Psychotropic Medications. Prior to the administration of psychotropic medications, the medical provider or BH provider obtains a separate documented informed consent (IHSC Form 844) signed by the detainee. It includes a description of the medication's side effects. If the detainee refuses to consent to take the medication, the medical provider or BH provider makes reasonable efforts to explain to the detainee the necessity for and propriety of the recommended medication. The explanation and the detainee's response are documented in the detainee's health record. If the detainee continues to refuse psychotropic

medication, action will be taken in accordance with 2011 PBNDS Section 4.3.V.N.6 and other applicable sections of the 2011 PBNDS cited therein.

4-6 **Housing**. If the intake screener determines that any detainee may be suffering from withdrawal, the individual will be monitored and housed in a safe location such as the MHU, which allows for effective monitoring.

4-7 **Monitoring of Detainees in Withdrawal**. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using recognized standard assessments (such as CIWA – A, CIWA- B and COWS) at appropriate intervals until symptoms have resolved. All detoxifications are done under physician supervision. Established protocols (such as the Detoxification of Chemically Dependent Inmates; Federal Bureau of Prisons. Clinical Practice Guidelines. February 2014) are followed for the assessment, monitoring, and management of individuals manifesting symptoms of alcohol and drug intoxication or withdrawal. Detainees experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.

4-8 **Monitoring of Pregnant Detainees in Withdrawal.** If a pregnant detainee is admitted with alcohol and/or drug problems, a qualified clinician is contacted so that the dependence can be assessed and appropriately treated.

5. PROCEDURES: No additional procedures.

6. HISTORICAL NOTES: This directive replaces 03-13, *Detainees with Substance Dependence or Abuse,* dated 13 Mar 2015. It adds sections 4-6 through 4-8. It also adds definitions.

7. DEFINITIONS:

Behavioral Health Providers – Behavioral health providers are psychiatrists, clinical psychologists, independently licensed social workers, psychiatric nurse practitioners or any other behavioral health professional who, by virtue of their license, education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

Health Care Personnel or Providers – Health care personnel or providers are credentialed individuals employed, detailed, or authorized by IHSC to deliver health care services to detainees. It includes federal and contract staff assigned or detailed (i.e. temporary duty) who provide professional or paraprofessional health care services as part of their IHSC duties. (IHSC Operational Definition)

Health Staff – Health staff includes all health care professionals (including contracted staff) as well as administrative and supervisory staff at *IHSC staffed medical clinics.* (IHSC Operational Definition)

Medical Providers – Medical providers include physicians, physician assistants, nurse practitioners, and clinical pharmacists. (IHSC Operational Definition)

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDS): PBNDS 2011, Section 4.3: Medical Care, subsection K. *Substance Dependence and Detoxification.*

8-2. ICE Family Residential Standards (FRS): 4.3 *Medical Care*

8-3. American Correctional Association (ACA):

a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition
   (1) 4-ALDF-4C-36: *Detoxification*
   (2) 4-ALDF-4C-37: *Management of Chemical Dependency*

b. Standards for Adult Correctional Institutions, 4th edition
   (1) 4-4376: *Detoxification*
   (2) 4-4377: *Management of Chemical Dependency*

c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions
   (1) 1-HC-1A-33: *Detoxification*
   (2) 1-HC-1A-34: *Management of Chemical Dependency*

8-4. National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Jails, 2014:

a. J-G-06 *Intoxication and Withdrawal*

b. J-G-08 *Inmates with Alcohol and Other Drug Problems*

9. PRIVACY AND RECORDKEEPING.

IHSC maintains detainee health records as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (Jan. 5, 2015).

9-1. Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.

9-2. Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive Personally Identifiable Information (PII).

9-3. Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.

9-4. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at: https://insight.ice.dhs.gov/mgt/oop/Documents/pdf/safeguarding_spii.pdf when additional information is needed concerning safeguard sensitive PII.

10. NO PRIVATE RIGHT STATEMENT. This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.